

EXHIBIT 37

Caroline E. Reynolds

Partner

Caroline E. Reynolds focuses her practice on complex civil litigation and white collar defense.

She has represented corporations, executives, and other individuals in government and internal investigations, criminal proceedings, and civil litigation involving allegations of securities and accounting fraud, antitrust violations, and breach of fiduciary duty.

Caroline also regularly represents both plaintiffs and defendants in complex class action lawsuits, including obtaining certification of a nationwide class alleging fraud and civil violations of the Racketeer Influenced and Corrupt Organizations Act (RICO) against a major insurance company.

In her health care practice, Caroline regularly represents patients and providers in actions seeking to enforce their rights under employer-sponsored insurance plans. Her efforts focus on assisting patients who were illegally denied coverage for mental health and substance use disorder treatment, and include multiple actions against major insurers alleging violations of federal law.

In *Wit v. United Behavioral Health*, Caroline was the lead trial lawyer representing a certified class of more than 50,000 people challenging the medical necessity criteria UBH used to determine whether to approve coverage for treatment of mental illnesses and substance use disorders. The Court found in favor of the class in March 2019, and ruled on remedies in November 2020, providing plaintiffs with robust, multi-faceted relief. Among other things, the Court ordered UBH to reprocess all of the claims in question, reform its coverage criteria going forward for a period of 10 years, and improve employee training. The Court appointed a Special Master to oversee the reprocessing and reforms. The case is currently on appeal in the U.S. Court of Appeals for the Ninth Circuit.

Professional leadership

- Fellow, American Bar Foundation
- Adjunct Faculty, Georgetown University Law Center (Spring 2013, 2014, 2015)

Recognitions



Washington, DC

+1 202.778.1859
202.822.8106 - Fax
creynolds@zuckerman.com

Practice focus

- Commercial Health Insurance Disputes
- Antitrust
- Business Litigation
- Health Care
- Investigations
- Plaintiffs and Class Actions
- Securities and Commodities Litigation
- White Collar Defense
- Pro Bono

Education

- Yale Law School, J.D., 2002
 - Senior Editor, *Yale Journal of International Law*
- University of Chicago, M.A., 2004
- Colgate University, B.A., *summa cum laude*, 1998

- 2021 Litigation Trailblazer, The National Law Journal
- 2021 Benefits MVP of the Year, Law360
- 2021 Lawyer of the Year, Autism Law Summit
- 2020 Masters of the Courtroom Winning Litigator, The National Law Journal
- 2020 Washington D.C. Trailblazer, The National Law Journal
- 2020 Emerging Women Leaders in Private Practice, DCA Live
- 2013 Outstanding Achievement Award, Washington Lawyers' Committee for Civil Rights and Urban Affairs
- Super Lawyers, Rising Star (Washington, DC)

Bar admissions

- District of Columbia
- New York

Court admissions

- U.S. Court of Appeals, Second Circuit
- U.S. Court of Appeals, Sixth Circuit
- U.S. Court of Appeals, Ninth Circuit
- U.S. District Court, District of Columbia

Clerkships

- Hon. Keith P. Ellison, U.S. District Court, Southern District of Texas

Representative matters

- Represents a class of more than 50,000 United insureds in a case challenging the legality of the internal guidelines United uses when deciding whether to approve coverage for mental health and substance use disorder treatment. Following a trial in 2017, the district court ruled in a highly-publicized decision that United breached its fiduciary duties when it developed its guidelines and that its denials pursuant to those guidelines were wrongful. In November 2020, the district court issued a comprehensive remedies ruling that provides the class members with both forward-looking

and retrospective relief. The case is currently on appeal in the U.S. Court of Appeals for the Ninth Circuit.

- Represents two health care providers against an insurance company seeking notice and appeal rights in connection with repayment demands and challenging the legality of cross-plan offsets. The district court granted summary judgment in favor of the providers in 2017 and the Eighth Circuit Court of Appeals affirmed that decision in 2019.
- Represented the former chief business officer of Freddie Mac in a securities class action pending in the U.S. District Court for the Northern District of Ohio. The case arises from the company's disclosures concerning its single family guarantee portfolio.
- Represented the former chief financial officer of Fannie Mae in litigation against allegations of securities law violations and accounting fraud. This representation encompassed multiple investigations, a government enforcement action for civil money penalties, employment litigation, and shareholder securities fraud suits, including a certified securities class action in which the Zuckerman team obtained a dismissal from the U.S. District Court for the District of Columbia of all claims against our client.
- Successfully obtained amnesty for a company and its principals in connection with a bid-rigging investigation by the Antitrust Division of the U.S. Department of Justice.
- Represented the special committee of the board of directors of a publicly held company under investigation for possible violations of antitrust laws.
- Represented a certified nationwide class that received a \$72.5 million settlement in a case in the U.S. District Court for the District of Connecticut alleging civil violations of the Racketeer Influenced and Corrupt Organizations Act (RICO) and common-law fraud.
- Represented a certified class of consumers in the nationwide "hot fuel" class action against the oil industry for selling retail gas to consumers without adjusting the price to take account of lower fuel content of higher temperature gas.

D. Brian Hufford

Partner

Described as “one of the leading ERISA litigators in the country and one of the sharpest legal minds in this area of law” by *Chambers USA*, D. Brian Hufford leads an innovative and nationally recognized practice representing patients and health care providers in high stakes disputes with health insurance companies.

His efforts led to two of the largest recoveries ever obtained in ERISA-based health insurance class actions, and to a collection of other precedent setting decisions that have transformed the rights of patients and providers.

Brian’s work on reimbursement rate-related litigation against UnitedHealthcare and Health Net, for example, led to settlements worth over \$600 million. Brian has served as co-lead counsel in other national health care litigation against UnitedHealthcare, Aetna, WellPoint, CIGNA, and various Blue Cross Blue Shield entities. Brian has successfully argued health care appeals before the U.S. Courts of Appeal for the Second, Third, Fourth, and Fifth Circuits, and was lead counsel in two trials against Blue Cross Blue Shield entities on behalf of providers and provider associations.

Most recently, Brian won a landmark victory in a case challenging United Behavioral Health’s mental health and substance use level of care coverage guidelines. Former Congressman Patrick Kennedy, the sponsor of the federal mental health parity act, hailed the case as the “*Brown v. Board of Education* for the mental health movement,” and CNN identified it as “one of the most important and most thorough rulings ever issued against an insurance company, at the federal level, on mental health issues.” The case is currently on appeal in the U.S. Court of Appeals for the Ninth Circuit.

Brian is one of only three attorneys recognized by *Chambers USA* in the ERISA Litigation: Mainly Plaintiffs category and is a Law360 “MVP” for Health Care (2015, 2016, and 2017) and Benefits (2019 and 2021). He was chosen as a Plaintiff’s Attorney “Trailblazer” in 2017 and 2021 by *The National Law Journal*, and has been recognized in industry rankings such as *Benchmark Litigation* and *Super Lawyers*. Under his leadership, the firm’s health care practice was named 2017 Health Group of the Year and Benefits Group of the Year in 2018 and 2019 by *Law360*. Brian was the recipient of the 2021 Rona and Ken Purdy Award to End Discrimination from the National Alliance on Mental Illness. He is a member of the



New York

+1 646.746.8662
212.704.4256 - Fax
dbhufford@zuckerman.com

Practice focus

- Commercial Health Insurance Disputes
- Business Litigation
- Health Care
- Insurance
- Plaintiffs and Class Actions

Education

- Yale Law School, J.D., 1985
 - Notes and Topics Editor, *Yale Law and Policy Review*
 - Thomas I. Emerson Prize for Outstanding Legislative Services Project
- Wichita State University, M.U.A., 1982
- Wichita State University, B.A., 1980

Federal Bar Foundation and the Kennedy Forum Legal Workgroup and has published health law-related opinion pieces in *The Washington Post*, CNBC.com and many others.

In addition to representing individual patients and health care providers, Brian has represented or pursued claims for a number of significant institutions, including medical associations such as the American Medical Association (AMA), the New York State Psychiatric Association, Medical Society of the State of New York, the Medical Society of New Jersey, the Society of New York Office Based Surgery Facilities, American Dental Association, American Chiropractic Association, Congress of Chiropractic State Associations, New York Chiropractic Council, and Pennsylvania Chiropractic Association.

Brian has written and lectured extensively in the area of health care litigation. He has spoken at conferences and seminars sponsored by organizations such as the National Association of Attorneys General, American Medical Association, American Corporate Counsel Association, American Chiropractic Association, and Congress of Chiropractic State Associations, and the American Conference Institute for the National Forum on ERISA Litigation, among others.

Prior to entering private practice, Brian spent two years as an honors attorney in the U.S. Department of the Treasury's Honors Law Program. Brian attended Yale Law School, where he was notes and topics editor for the *Yale Law and Policy Review* and was awarded the Thomas I. Emerson Prize for the Outstanding Legislative Services Project. He also holds a Bachelor of Arts and a Master of Urban Affairs from Wichita State University, home of the "Wheatshocker."

Recognitions

- Chambers USA: America's Leading Lawyers for Business, ERISA Litigation: Mainly Plaintiffs (Nationwide)
- 2021 Law360 Benefits MVP of the Year
- 2021 Plaintiffs' Lawyer Trailblazer, The National Law Journal
- 2021 Rona and Ken Purdy Award to End Discrimination, National Alliance on Mental Illness
- 2019 Law360 Benefits MVP of the Year
- 2017 Law360 Health MVP of the Year
- 2017 "Trailblazer", The National Law Journal

- 2016 Law360 Health MVP of the Year
- 2015 Law360 Health MVP of the Year
- Benchmark Litigation, Local Litigation Star (New York)
- Super Lawyers (New York)

Bar admissions

- New York

Court admissions

- U.S. Supreme Court
- U.S. Court of Appeals, First Circuit
- U.S. Court of Appeals, Second Circuit
- U.S. Court of Appeals, Third Circuit
- U.S. Court of Appeals, Fourth Circuit
- U.S. Court of Appeals, Fifth Circuit
- U.S. Court of Appeals, Seventh Circuit
- U.S. Court of Appeals, Eighth Circuit
- U.S. Court of Appeals, Ninth Circuit
- U.S. District Court, District of Colorado
- U.S. District Court, Eastern District of New York
- U.S. District Court, Southern District of New York

Representative matters

- Led the precedent-setting UnitedHealthcare case, which settled on behalf of a nationwide class of providers and subscribers for \$350 million in 2010, the largest settlement of an ERISA benefit class action in history. Retained by the American Medical Association and various other associations and individual plaintiffs, Brian challenged UnitedHealthcare's use of a flawed database to determine usual, customary, and reasonable (UCR) rates for out-of-network services. The case served as a catalyst for then-New York Attorney General Andrew Cuomo's investigation into the health insurance industry, leading to the creation of a new and independent database to provide UCR data. A New York Times article from October 27, 2010 states that "a breakthrough came

when lawyers for the attorney general's office consulted" with Brian, leading to a "collaboration" between the Attorney General's Office and Brian that "brought results." In a similar action against Health Net, Brian obtained a certified class of ERISA-insured patients followed in 2008 by a settlement valued at \$249 million.

- Successfully argued before the U.S. Court of Appeals for the Second Circuit on behalf of the New York State Psychiatric Association and various individual mental health care providers and patients against United. In a precedent-setting decision, the Second Circuit confirmed in 2015 that United could be sued for benefits under ERISA and for violations of the Federal Parity Act, even with respect to self-funded plans, where United served solely as a claims administration. Amicus briefs were filed on behalf of Brian's clients by the U.S. Department of Labor, American Medical Association, American Psychiatric Association and Patrick Kennedy (the original sponsor of the Federal Mental Health Parity Act as a U.S. Representative from Rhode Island). HealthAffairs.org lauded the decision as a "landmark ruling" that has been "praised by patients and advocates."
- Delivered a winning argument before the Fourth Circuit in a lawsuit against a leading health insurer and its claims administrator challenging the administrator's approach to charging excessive fees to ERISA plans and their beneficiaries by mischaracterizing certain fees as legitimate medical expenses using "dummy codes."
- Successfully argued before the Third Circuit on behalf of providers and plaintiffs in his own case and, as amici curiae, on behalf of the American Medical Association and the Medical Society of New Jersey in a related case. Accepting Brian's argument, the Third Circuit issued a precedent-setting decision in 2015 confirming that providers who have been assigned the right to receive benefit payments from their ERISA-insured patients are legally entitled to assert legal claims under ERISA to challenge benefit denials.
- Pursued an appeal to the U.S. Court of Appeals for the Fifth Circuit in an action against UnitedHealthcare on behalf of one of the nation's largest surgical implant providers after the district court held that a provider's state court claims against UnitedHealthcare were preempted by ERISA. Successfully argued the appeal, resulting in the reversal of the decision by a 3-0 vote. Thereafter, UnitedHealthcare sought en banc review, after which Brian persuaded the Department of Labor to file an amicus brief in support of its position, and to participate in oral argument. Brian successfully argued

the appeal before the en banc panel, which unanimously found our client's favor. UnitedHealthcare then filed a petition for writ of certiorari, which the U.S. Supreme Court denied on February 25, 2013, leaving the Fifth Circuit's decision intact.

- Represented a durable medical equipment provider challenging repayment demands issued by Aetna for previously paid benefits in violation of ERISA. The complaint brought on behalf of the client was initially dismissed by the district court, and Brian successfully reversed the decision before the U.S. Court of Appeals for the Third Circuit, after again obtaining an amicus brief from the Department of Labor in favor of his position.
- Represented two health care providers who were sued for billing fraud. After successfully removing the case to federal court, with a finding that ERISA completely preempted the fraud claims, Brian was lead trial counsel in a 20-day ERISA bench trial. A complete judgment in favor of his clients was obtained, enjoining the insurer from seeking to recover previously paid benefits and ordering returning of improperly recouped funds, plus interest.
- Appointed by Judge Faith Hochberg to serve as Chair of the Plaintiffs' Executive Committee in In re Aetna UCR Litigation, an MDL action challenging how Aetna paid for out-of-network health care services. In appointing Brian, Judge Hochberg specifically addressed his work in a prior healthcare litigation, stating: "The Court similarly appointed [Brian's firm] to be Plaintiffs' spokesman to the Court in the Health Net litigation because the Court found D. Brian Hufford, Esq. to be the attorney most capable of presenting Plaintiffs' position in a clear and concise manner."
- Represented chiropractors and state chiropractic associations challenging Aetna's policy of making repayment demands and placing providers into prepayment review. He defeated Aetna's motion to dismiss, upholding ERISA claims on behalf of the providers.
- Represented the American Chiropractic Association, the Congress of State Chiropractic Associations, various state associations, and individual providers in an action challenging UnitedHealth Group's repayment demand policy and improper restrictions on coverage for chiropractic services. He defeated the defendant's motion to dismiss, upholding ERISA claims on behalf of providers. Therefore, he obtained class certification on behalf of a nationwide class of out-of-network providers, alleging

that UnitedHealth's repayment demand practices violated ERISA.

- Represented patients who were subjected to the imposition of improper length-of-stay guidelines for hospitalization. The defendant's motion to dismiss was denied, and the decision was upheld on appeal by 5-0 vote.
- Represented insurance subscribers in action against Healthsource, Inc. for failing to disclose the financial incentives it paid to providers to encourage reductions in the level of care provided. He defeated the defendant's motion to dismiss, and the court upheld his clients' claims that the insurer had breached its fiduciary duties under ERISA.
- Representing individual patients and putative classes in actions against major insurance companies for their failure to cover an FDA-approved treatment for depression. The plaintiffs allege breaches of fiduciary duties and wrongful denial of benefits under ERISA. Brian led the team which settled one of those cases, with the insurer agreeing to cover the service going forward and making a monetary payment to the class, and in the other case the court granted certification of a nationwide class of patients who were denied coverage. While the case is proceeding, the insurer has changed its policy after being sued to cover the treatment.
- Representing a putative class of patients in an action against a major insurance company for allegedly discriminating against out-of-network psychiatrists and other mental health providers for mental health services. Plaintiffs allege that the insurer's policy of reimbursing mental health providers less than non-mental health specialists for providing the same services violates ERISA.
- Representing ambulatory surgery centers who were subjected to offsets of new claims by Aetna, Inc, based on Aetna's retroactive decision to alter its reimbursement policy for out-of-network services. Brian defeated Aetna's effort to dismiss the claims, which are now proceeding on the merits.
- Brian has been retained on an hourly basis to represent a number of providers and provider groups to consult with them concerning ongoing disputes with insurers, as well as to represent them in ongoing litigations.

Jason S. Cowart

Partner

Jason S. Cowart has a broad litigation practice, with a primary focus representing health care providers and their patients in high-stakes disputes with health insurance companies, ensuring that patients are not wrongfully denied treatment and providers are appropriately compensated.

By developing novel legal theories clarifying the rights and remedies provided by ERISA, the Employee Retirement Income Security Act, Jason's work has dramatically expanded the ability of providers and patients to successfully challenge insurance company claim determinations.

Jason is currently working to redress a number of widespread insurance company practices that exacerbate the financial pressures providers and patients face. These include improper denials due to overly restrictive internal coverage guidelines, overbroad application of experimental or investigational exclusions, violations of the ERISA claims regulation, and discrimination against mental health patients.

Jason won a landmark victory in a case challenging United Behavioral Health's mental health and substance use level of care coverage guidelines. Former Congressman Patrick Kennedy, the sponsor of the federal mental health parity act, hailed the trial victory as the "Brown v. Board of Education for the mental health movement," and CNN identified it as "one of the most important and most thorough rulings ever issued against an insurance company, at the federal level, on mental health issues." The case is currently on appeal in the U.S. Court of Appeals for the Ninth Circuit.

Jason's work uncovering and addressing health insurance company misconduct draws upon his extensive experience in complex securities fraud, derivative, and antitrust matters.

Professional leadership

- Former President-Elect and Secretary, National Association of Shareholder and Consumer Attorneys

Recognitions

- Chambers USA: America's Leading Lawyers for Business, ERISA Litigation: Mainly Plaintiffs (Nationwide)
- 2021 Plaintiffs' Lawyer Trailblazer, The National Law Journal



New York

+1 646.746.8840
212.704.4256 - Fax
jcowart@zuckerman.com

Practice focus

- Commercial Health Insurance Disputes
- Business Litigation
- Health Care
- Insurance
- Investigations
- Plaintiffs and Class Actions
- Securities and Commodities Litigation
- Pro Bono

Education

- Northwestern University Law School, J.D., *cum laude*, 1999
 - Articles Editor, *Journal of International Law and Business*
 - Winner and Best Speaker, Julius H. Minor Moot Court Competition
- University of Michigan, B.A.,

- Super Lawyers (New York)

1993

Bar admissions

- District of Columbia
- New York

Court admissions

- U.S. Supreme Court
- U.S. Court of Appeals, First Circuit
- U.S. Court of Appeals, Second Circuit
- U.S. Court of Appeals, Third Circuit
- U.S. Court of Appeals, Seventh Circuit
- U.S. Court of Appeals, Eighth Circuit
- U.S. Court of Appeals, Ninth Circuit
- U.S. District Court, District of Columbia
- U.S. District Court, Western District of Michigan
- U.S. District Court, Eastern District of New York
- U.S. District Court, Southern District of New York

Clerkships

- Hon. Richard Enslen, U.S. District Court, Western District of Michigan

Representative matters

- Represents United insureds in a case challenging the legality of the internal guidelines it uses when adjudicating mental health and substance abuse claims. Following a highly publicized trial in 2017, the district court ruled that United breached its fiduciary duties when it developed its guidelines and that its denials pursuant to those guidelines were wrongful. In November 2020, the Court ruled on remedies, providing plaintiffs with robust, multi-faceted relief. Among other things, the Court, ordered UBH to reprocess all of the claims in question, reform its coverage criteria going forward for a period of 10 years, and improve employee training. The Court also agreed to appoint a Special Master to oversee the reprocessing and reforms. The case is currently on appeal in the U.S. Court of Appeals for the Ninth Circuit.

- Represented health care providers challenging the legality of “cross-plan offsets,” pursuant to which a claims administrator for one ERISA plan sends benefits owed by that plan to another plan in order to recover a prior alleged overpayment made by that second plan. In one such action against United, the district court granted summary judgment in favor of the providers in 2017 and the Eighth Circuit Court of Appeals affirmed that decision in 2019.
- Represented New Jersey chiropractors in a case that settled for \$33 million. At issue was the insurer’s refusal to pay chiropractors separately for certain procedures performed on the same day as spinal manipulation, on the theory that payment for those procedures was “bundled” into the payment for spinal manipulation.
- Represented mental health providers and their patents in one of the first cases in the country seeking to enforce the Mental Health Parity and Addiction Equity Act of 2008. At issue was whether United Healthcare, a third-party administrator, could be held liable under ERISA for applying allegedly discriminatory policies and procedures when making mental health and substance abuse-related claim determinations. After the United States Court of Appeals for the Second Circuit agreed with Jason that United could be held liable under these circumstances, the case settled.
- Represents health care providers seeking ERISA notice and appeal rights in connection with repayment demands.
- Represents health care providers facing allegations by insurance companies that the providers have not collected their patients’ full co-payment and co-insurance obligation and that, therefore, the providers’ engaged in fraud and the insurer has no obligation to pay related health insurance claims.
- Represents patients and providers in litigation brought against various third-party administrators challenging the use of plan assets and health spending accounts to pay administrative fees and expenses.
- Represented patients in litigation against insurers challenging denial of coverage for transcranial magnetic stimulation to treat depression on the ground that it is experimental or investigational.
- Represented a putative class of patients in an action against a major insurance company for allegedly discriminating against out-of-network psychiatrists and

other mental health providers for mental health services. Plaintiffs allege that the insurer's policy of reimbursing mental health providers less than non-mental health specialists for providing the same services violates ERISA and the Federal Parity Act.

Samantha M. Gerencir

Associate

Samantha M. Gerencir is an associate in the Tampa office of Zuckerman Spaeder.

Before joining the firm, Samantha was a litigation associate at an international law firm in Atlanta, Georgia.

Samantha graduated from Emory University School of Law where she served as the Managing Editor of the Emory Bankruptcy Developments Journal and President of the Alternative Dispute Resolution Society. While in law school, she was a student attorney for the Juvenile Appellate Clinic. Samantha also interned for the Office of U.S. Senator Joe Manchin.

Bar admissions

- Florida
- Georgia



Tampa

+1 813.321.8221
813.223.7961 - Fax
sgerencir@zuckerman.com

Practice focus

- Commercial Health Insurance Disputes
- Antitrust
- Business Litigation
- Investigations
- Pro Bono

Education

- Emory University School of Law, J.D., *with honors*, 2018
 - Managing Editor, Emory Bankruptcy Developments Journal
- University of Alabama, B.A., *summa cum laude*, 2015

EXHIBIT 38

Meiram Bendat

Founder & President

An attorney with a background in mental health, Meiram Bendat offers clients a comprehensive set of skills and knowledge unique in the field of health law. After representing children and families in the Los Angeles child welfare system and treating patients, he founded Psych-Appeal, the country's first private mental health insurance law firm in 2011. Since then, Dr. Bendat has helped patients and providers successfully challenge denials of mental health treatment through administrative appeals and impact litigation, recovering millions of dollars in wrongly withheld benefits.



Education

- New Center for Psychoanalysis, Ph.D., 2015
- Antioch University Los Angeles, M.A., 2006
- USC Law School, J.D., 1998
- Columbia University, B.A., 1995

Admitted

- State Bar of California
- United States Supreme Court
- United States Court of Appeals for the Second and Ninth Circuits
- United States District Court for the Central and Northern Districts of California

Meiram Bendat is an attorney, as well as a psychotherapist, and founder of Psych-Appeal. With a background in law, clinical psychology, marriage and family therapy, and psychoanalysis, he serves as a consultant to national mental health advocacy organizations and frequently presents on access to treatment and mental health parity. He authored California's pioneering mental health parity law, **SB855**, which has served as model legislation throughout the country. Meiram is a member of the American Psychoanalytic Association Advocacy Committee and a distinguished Ittleson Consultant to the Group for the Advancement of Psychiatry. He has testified in Congress and state legislatures and lectured at universities around the country, including at Yale Medical School and Butler Hospital (Brown University). He has been interviewed in the press and has published widely. Most recently, along with the Coalition for Psychotherapy Parity, he co-authored Clinical Necessity Guidelines for Psychotherapy, Insurance Medical Necessity and Utilization Review Protocols and Mental Health Parity.

NOTABLE REPRESENTATIONS

Class actions challenging health insurers' mental health and/or substance use criteria for "medical necessity":

- Residential Treatment*
- *Wit v. United Behavioral Health
- *Jones v. United Behavioral Health
- *Collins v. Anthem, Inc.
- *Berceanu v. UMR, Inc.
- *Des Roches v. California Physicians' Service d/b/a Blue Shield of California
- *Seger v. Health Care Service Corporation

- Intensive Outpatient Treatment*
- *Alexander v. United Behavioral Health
- *Des Roches v. California Physicians' Service d/b/a Blue Shield of California

Class actions challenging insurers' categorical coverage exclusions:

- Mental health residential treatment*
- *Craft v. Health Care Service Corporation
- Transcranial Magnetic Stimulation*
- *Meidl v. Aetna
- *Weil v. Cigna

- Applied Behavioral Analysis*
- *Doe v. United Behavioral Health (converted to individual action)

Class actions challenging insurers' reimbursement policies:

- Psychologists and master's level clinician fees*
- *Smith v. UnitedHealthcare Insurance Company
- *Doe v. Oxford Health Insurance

- Facility-based fees*
- *Doe v. Intermountain Healthcare

Cases challenging claims administrators as proper defendants in mental health parity cases:

- *Doe v. United Behavioral Health
- *New York State Psychiatric Association, Inc. v. UnitedHealthGroup, Inc.

Mandamus petitions against governmental entities:

- *Evolve Growth Initiatives LLC v. California Department of Managed Health Care

PUBLIC SPEAKING ENGAGEMENTS

- United States Congress, 2021
- Illinois Senate Behavioral and Mental Health Committee and House Mental Health and Addiction Committee, 2021
- United States Department of Labor, 2020
- California Assembly, 2020
- California Senate, 2020
- American Medical Association, 2020
- American Psychiatric Association, 2017-19
- Group for the Advancement of Psychiatry, 2013-21
- National Association for Behavioral Healthcare, 2015-21
- The Kennedy Forum, 2015-21
- The Austen Riggs Center, 2016-21
- National Council for Behavioral Health, 2014, 2016, 2017
- Chicago Center for Psychoanalysis, 2017
- Healthcare Association of New York State, 2016
- Butler Hospital (Brown University), 2016
- Yale Medical School, 2015
- International Society for Neurofeedback and Research, 2013
- Access Coalition, 2013

EXHIBIT 39



Karen L. Handorf

Senior Counsel

📞 202.221.5278

✉️ khandorf@bm.net

Practice Areas

**Employee Benefits & ERISA, Healthcare Insurance
Litigation**

Biography

Karen L. Handorf is Senior Counsel at Berger Montague and a member of the firm's Employee Benefits & ERISA practice group, where she represents the interests of employees, retirees, plan sponsors, plan participants and beneficiaries in employee benefit and ERISA cases in the district court and on appeal. Ms. Handorf brings four decades of ERISA knowledge to Berger Montague's practice, where she will focus on emergent issues in health care, with a particular focus on the actions of insurance carrier TPAs that exercise fiduciary duties under ERISA-covered health plans. Ms. Handorf also advises employers and other plan sponsors on the provisions in their administrative service agreements that might cause them to unwittingly violate ERISA or other employee benefit laws. Ms. Handorf is also focused on other legal violations related to patient health care under other (non-ERISA) federal statutes and state consumer statutes in her efforts to address the exorbitant health care costs facing most Americans.

Prior to joining Berger Montague, Ms. Handorf was a partner at another prominent plaintiffs' class action firm and the immediate-past chair and then co-chair of that firm's Employee Benefits/ERISA practice group, where she led efforts in identifying, litigating, and when necessary, appealing often novel employee benefits issues. In that role, Ms. Handorf was one of the pioneers of the church plan litigation against

organizations claiming to be exempt from ERISA due to their affiliation with or status as religious organizations.

Prior to that, Ms. Handorf had a distinguished career in government service. She spent 25 years at the Department of Labor, where, among other senior positions, she was the Deputy Associate Solicitor in the Plan Benefits Security Division. During her tenure at the Department of Labor, Ms. Handorf played a major role in formulating and litigating the Government's position on a wide variety of ERISA issues, from conception through expression in *amicus briefs* filed by the United States Solicitor General in the United States Supreme Court

Professional Leadership

House of Representatives: Education & Labor Committee

Health, Employment, Labor, and Pensions Subcommittee

Business and Community Leadership

2019: American Conference Institute National Forum on ERISA Litigation, Supreme Court Practitioner's Panel

2020: ABA Tax Session's 2020 Fall Tax Meeting, "How the DOL Declared War on ESG Investments)

2019 and 2020: Practicing Law Institute, "Applying ERISA Fiduciary Rules to Health Plans, Services and Products" (Health Plans Litigation Update)

2015-2019: Practicing Law Institute, "Pension Plan Investments – Current Perspectives" (ERISA Pension Litigation Update)

2019: ABA's ERISA Basics National Institute (Remedies and Preemptions Panels)

2019: ABA Employee Benefits Committee Midwinter Meeting, "Will the States Step Into the Benefit Void"

2018: American Conference Institute, National Forum on ERISA Litigation, ESOP Litigation

2017: ABA ERISA National Litigation Institute, "ERISA Healthcare Provider Litigation"

In the News

- **Berger Montague Adds 2 ERISA Experts In D.C.**
- **Three Most Important Things to Keep in Mind about the Consolidated Appropriations Act of 2021**
- **Compensation Disclosures for Brokers and Consultants to health plans under the CAA of 2021**
- **Impact of the CAA of 2021 on Gag Clauses**
- **Subcommittee Hearing on Improving Retirement Security and Access to Mental Health Benefits**
- **ESG Retirement Investing Proposal Questioned by GOP Lawmaker**
- **Are you Prepared to Swear? 2022 CAA Requirments – Highlights**
- **UnitedHealth Overpayment Recovery Defies ERISA, Suit Says**
- **UnitedHealth Sued Over Lucrative Method for Recouping Benefits**
- **Zuckerman Spaeder and Berger Montague File Suit Against UnitedHealth Claiming Hundreds of Millions Illegally Taken from Health Plans**

Credentials

Education:

Law School

University of Wisconsin Law School

Undergraduate

University of Wisconsin-River Falls

Honors & Awards:

2023 Edition “Lawyer of the Year” by *Best Lawyers*

Named 2023 *Best Lawyers* for Employee Benefits & ERISA Law

2022 Lawdragon 500 Leading Plaintiff Employment & Civil Rights Lawyers guide

2018-present Elected to Board of Governors, American College of Employee Benefits College

2022 Washington D.C.’s Best Lawyers

2012-2021 SuperLawyers

2016-2021 Best Lawyers in America

2020 Law360 MVP – Employee Benefits

2020 National Law Journal “Elite Women of the Plaintiffs’ Bar”

2019 Best Lawyers in America – Lawyer of the Year in Washington, D.C.

Publications

2017: Law360, co-authored “Carefully Tailored ERISA Claims After *Amgen v. Harris*”

2017: co-authored ABA Section of Labor and Employment Law, Employee Benefits Committee Newsletter, “A Rule in Flux”

2019: Benefits Magazine, co-authored “Engaging and Monitoring Health Plan TPAs: Understanding Your Fiduciary Obligations”

2019: Law360, co-authored “Watch These ERISA Cases in 2019”

2022: Improving Retirement Security and Access to Mental Health Benefits

Admissions

District of Columbia

Wisconsin

United States District Court, Western District of Wisconsin

Second Circuit Court of Appeals

Third Circuit Court of Appeals

Fifth Circuit Court of Appeals

Seventh Circuit Court of Appeals

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Julie Selesnick

Senior Counsel

📞 202.221.5279

✉️ jselesnick@bm.net

Practice Areas

**Employee Benefits & ERISA, Consumer Protection,
Insurance Fraud, Healthcare Insurance Litigation**

Biography

Julie S. Selesnick is Senior Counsel at Berger Montague and a member of the firm's Employee Benefits & ERISA practice group, where she represents the interests of employees, retirees, plan sponsors, plan participants, and beneficiaries in employee benefit and ERISA cases in the district court and on appeal. Ms. Selesnick's practice is focused on health care, where she brings more than a decade of insurance coverage experience to good use focusing on the behaviors of insurance carrier TPAs that exercise fiduciary duties under ERISA-covered health plans and counseling employers and other plan sponsors on provisions in their administrative service agreements that might cause them to unwittingly violate ERISA or other employee benefit laws. Ms. Selesnick is also focused on other legal violations related to patient health care under various federal statutes and state consumer statutes to help everyday Americans bring down the out-of-control health care costs they face.

Prior to joining Berger Montague, Ms. Selesnick was of counsel at another prominent plaintiffs' class action firm, where she practiced primarily in the ERISA group representing plaintiffs in class cases related to 401K excessive fee disputes, actuarial equivalence pension issues, church plan litigation, and cases against third-party administrators for breach of fiduciary duty in connection with their administration of ERISA-covered group health plans. Ms. Selesnick also worked in that firm's Consumer

Protection group litigating consumer class action lawsuits and policyholder insurance coverage actions on behalf of individual and class plaintiffs.

Prior to that, Ms. Selesnick was a partner at a Washington D.C. law firm in both the insurance coverage and employment law groups, where she represented carriers in insurance coverage litigation and subrogation litigation in state and federal courts throughout the United States, and represented both employers and employees in employment litigation, as well as negotiating severance agreements and reviewing and updating employee handbooks. Ms. Selesnick has first-chair trial experience in jury and bench trials and has experience with arbitration and mediation of complex disputes.

Ms. Selesnick is an accomplished writer and has written numerous legal and non-legal articles and blog posts. She has also contributed to ERISA Litigation textbooks and cumulative supplements, and written materials for use in healthcare litigation conferences.

Ms. Selesnick graduated with a B.A., *cum laude*, from the San Diego State University and was elected *Phi Beta Kappa* and *Pi Sigma Alpha*, and she received her J.D., from the George Washington University School of Law, where she was a member of the George Washington University Law Review and was inducted into the Order of the Coif.

In the News

- **Berger Montague Senior Counsel Julie Selesnick named D.C. 2022 Super Lawyer**
- **Berger Montague Adds 2 ERISA Experts in D.C.**
- **Health Plan Servicers' Disclosure Rule Objections Are Faulty**
- **Three Most Important Things to Keep in Mind about the Consolidated Appropriations Act of 2021**
- **Compensation Disclosures for Brokers and Consultants to health plans under the CAA of 2021**
- **Impact of the CAA of 2021 on Gag Clauses**
- **Are you Prepared to Swear? 2022 CAA Requirments – Highlights**
- **UnitedHealth Overpayment Recovery Defies ERISA, Suit Says**
- **UnitedHealth Sued Over Lucrative Method for Recouping Benefits**

- **Zuckerman Spaeder and Berger Montague File Suit Against UnitedHealth Claiming Hundreds of Millions Illegally Taken from Health Plans**

Credentials

Education:

Law School

The George Washington University Law School, J.D., Order of the Coif, 2001

Undergraduate

San Diego State University, B.A., cum laude, 1998

Honors & Awards:

2019-2022 SuperLawyers

2021 Elected as a Fellow to the American Bar Foundation

2021 National Law Journal Plaintiffs 'Trailblazer Award

2020 Member of Law360's Practice Group of the Year ERISA/Employee Benefits

2019 The National Law Journal's 2019 Pro Bono Hot List for the DACA litigation

Publications

"Employee Benefits/ERISA: COVID-19 Frequently Asked Questions" BusinessWoman Magazine

"Engaging and Monitoring Health Plan TPAs: Understanding Your Fiduciary Obligations" Benefits Magazine

"ERISA Litigation Sixth Edition 2019 Cumulative Supplement" published by The Bureau of National

Affairs (contributing author; Ch. 3: Plans Excluded from ERISA Coverage)

Feb 2020; "ERISA and Health Plans: The Latest Cigna Case Illustrates the Changing Landscape of ERISA Litigation"

Feb 2020; "ERISA and Your Duty to Monitor TPA's Working on Your Health Plan"

Nov 2018; "Is Congress Protecting Its Constituents or Running Interference for Bad Actors?"

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